

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1947

Registration District No. 14

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5560

State File No.

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Township #27
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Catherine Bevan TRUMAN

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Truman 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased October 28, 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 11 If less than one day hr. min.

9. Birthplace Wales, England
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name William Bevan

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Maddock

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Truman

(b) Address Willow Springs, Mo. R#3

17. (a) Burial (b) Date thereof 7/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs City

18. (a) Signature of funeral director Burns Funeral Home

(b) Address Willow Springs, Mo.

19. (a) 7-10-47 (b) Marshall B. Bess
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Willow Springs, Mo. R#3
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9, year 1947, hour 9:35 minute A. M.

21. I hereby certify that I attended the deceased from 6-2-47 to 7-9-47
that I last saw her alive on 6-28-47 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis Duration 5 yrs

Due to
Due to

Other conditions Chr. Arthritis Hypertrophic 15 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
Signature O. Callahan (M. D. or other)
Address Willow Springs, Mo. Date signed 7-10-47

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Officer No. 5,

District: 7473.98

Date Filed 7-22-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Fred William Barnes....., Registered Apprentice No. 413.....
working under my personal supervision.

Signed.....


Thomas R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.